MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/009276 FILING DATE

APPLICANT(S)

CLAIMS AFTER AFTER 2nd AMENDMENT AS FILED IND. . DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. ż :0 ! 1 : 3 : 7 :8 1.35 :3 . 'n 3:: 4; 4: 95 · ____ TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL CLAINS TOTAL *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS PT(..:360 (3.78)